

**Recommendations
of
The Appraisal Committee**

*On the High Power Committee Evaluation
Report on Ongoing Research Activities of the
Indian Council of Medical Research*

Submitted by
Appraisal Committee
Constituted by
Ministry of Health & Family Welfare
Govt of India

Minutes of the Appraisal Committee Meeting to discuss and Approve the High Power Committee Report held on 21st October, 2013 at ICMR, Hqrs, New Delhi

Health & Family Welfare Minister (HFM), Govt of India constituted an Appraisal Committee to examine and make recommendations for the acceptance of the Report of the High Power Committee constituted in pursuant to the recommendation of the Ministry of Finance to subject schemes approved for XI Plan period and proposed to be continued in XII Plan period to an independent and impartial evaluation through a rigorous scrutiny with regards to performance in the XI Plan with the following terms: (i) whether the ongoing schemes of the XI Plan need to be continued in XII Plan or dissolved forthwith; (ii) in case if they are to be continued then (a) need for improvement (b) phasing expenditure in XII plan for each component of the scheme (c) setting of physical and financial milestones/targets for the XII Plan for each component.

The Committee comprised of:

1. Prof. M K Bhan, Former Secretary, Department of Biotechnology, New Delhi
2. Dr. T Ramasami, Secretary, Department of Science & Technology, New Delhi
3. Dr. S Ayyappan, Secretary, Department of Agriculture Research & Education & Director General, Indian Council of Agricultural Research, New Delhi
4. Prof. A G Ahanger, Director, North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong
5. Prof. U C Sarma, Vice Chancellor, Srimanta Sankaradeva University of Health Sciences, Guwahati

The Appraisal Committee meeting to review and make recommendations for the acceptance of the Evaluation Report of the High Power Committee (HPC) on the ongoing projects/programmes of the ICMR was held on 21st October, 2013 at ICMR Hqrs, New Delhi.

Dr. T Ramasami, Secretary, Department of Science & Technology, New Delhi and Dr. S Ayyappan, Secretary, Department of Agriculture Research & Education & Director General, Indian Council of Agricultural Research, New Delhi could not attend the meeting, however, they sent their specific comments.

Prof. M K Bhan Chaired the meeting.

The Committee thoroughly discussed the HPC Report and made several observations/recommendations as mentioned below:

General Observations:

- ICMR for more than a century has been the pillar of biomedical research in the country. Its role, responsibilities and contributions in the health arena place it as a leading medical and health research agency in India and at par with other Indian Science Agencies such as CSIR, DBT, DST and ICAR.
 - ◆ The process of translating basic science generated by various science agencies and results of biomedical and health research has to be carried forward to the benefit of the common people. This whole process requires clinical, biomedical science, epidemiology, biostatistics, and operational research expertise and ICMR needs to develop appropriate mechanism to deliver this agenda. Globally medical and health research agencies receive the highest level of support from their Governments

among other areas of science. India has large diverse and growing population on a background of poor nutrition and environment and unless adequate investment is made in biomedical and health Research, it will not only hamper the intramural research of the ICMR but also affect its capacity to serve research needs of the medical colleges and Universities in the country. We will not be adequately prepared to face the midterm and long term health challenges of the country

- Issues of overlap of work among research agencies
 - ◆ While CSIR deals with Industries and Technologies, DST with Basic Medical Sciences, DBT with biotechnology, ICAR with agricultural research, the ICMR is the lead agency for Medical and Health Research in the country. There is little avoidable overlap, indeed there ought to be more collaboration and linkage.
 - ◆ Problems of disease are addressed by different agencies from their own unique perspective, diversity of approaches for development and deployment of solutions for health is a desirable approach. In the most advanced countries, the bio- medical, health research and health technology development is supported by multiple agencies and their success results from promotion of diversity in research leadership. The quality of research rather than who fund is the concern. It is important that ICMR be the synthesizer of all biomedical and health research knowledge, to translate it for public good. The efforts of DBT, DST and CSIR cannot make the program successful without the critical role of ICMR. The inter-agency working has improved considerably in the last decade and accounts for much of success in vaccine and diagnostic development.
 - ◆ Overall the, Committee believes that planned and programmed synergies among DST, DBT, CSIR and ICMR/DHR, are valuable. In this regard, our views are somewhat at divergence with the HPC, and more based on global evidence and experience.
 - ◆ Finally, development of affordable technologies by different agencies requires knowledge of the product profile depending on local need. ICMR as a leader in medical and health research is the only agency equipped to provide such a vision. Therefore, the Committee hopes that ICMR will develop a national vision on health technology development and deployment which also includes assistance to all other S&T agencies.
 - ◆ It should be obvious that in addressing this vast and vital research agenda, treating ICMR as a scheme/programme of DHR is not logical or appropriate. The Committee fully agrees with the HPC view that ICMR be the leading body for human health research, and DHR play a Policy and Strategic role, linking closely with Ministry of Health and other relevant areas.
 - ◆ Apart from intramural research, ICMR should be the lead agency for extramural biomedical and health research in medical colleges and universities. The National Institute of Health (NIH) the premier medical research agency in the world is a good model for a combined intramural-extramural mix.
- The governance structure of ICMR may be suitably re-designed to be suitable for providing distinct oversight to intramural and extramural research. An empowered overarching Advisory Council with distinct subgroups for intramural and extramural research is needed to preserve autonomy, quality and relevance.
- The Committee accepts the recommendations of HPC which will complete the process of review of XI Plan activities to be carried over to XII Plan.

Specific Recommendations:

- The Committee recommends the acceptance of the Report of High Power Committee and suggests an early implementation of proposed plan activities without any further delay.
- In addition to schemes already proposed in XII plan the Committee suggests that funding be provided for the following additive:
 - ◆ Scheme for research career path for medical and health research in extramural mode. This should be given highest priority.
 - ◆ Outreach of ICMR is non-existent currently in around 12 States, which should be expanded on priority. This is important for reporting and tackling outbreaks, study local health conditions/problems, taking in to account ethnicity and geographical context. These institutes can inter-phase with local governments and nurture local research talent.
- The Committee pointed out that HPC has done a commendable job in reviewing the various Projects/Programmes of ICMR and made specific recommendations in terms of :
 - ◆ mergers, dropping and consolidation, and,
 - ◆ strengthening and elaboration
- The Committee has noted that among the projects identified by the HPC to be dropped also include biobanks. The committee felt that biobanks focusing on important nationally relevant disease priorities are critical for development of new tools for diagnosis, treatment. This activity should not be dropped but all aspects be carefully examined to achieve focus, relevance and access.
- These have been presented in the form of Tables and Statements in the HPC Report. The Committee supports the recommendations of HPC and further recommends working out an internal mechanism for time-bound implementation.
- The Committee agrees with the HPC recommendations that ICMR focus on clinical research, health research, regulation science and position itself as the main champion of human health research with DBT and CSIR supporting through translation research and DST through basic science.
- The Committee also suggests research on new focused programmes/areas some of which have already been pointed out by HPC, which include: regenerative medicine, and tissue engineering, bio-security, biosafety, urban health, cognitive science, ageing, natural disasters and related health issues, emergency and critical care management in trauma and life threatening situations, atherosclerotic cardiovascular diseases, degenerative collagen vascular diseases, transfusion medicine, mobile health and telemedicine, *etc* These areas may be dealt either by launching of new schemes, centres or in project mode, or linked to existing programs where feasible.
- The Committee recommends that ICMR be treated as most valued health research agency to develop health research programme of the country. This recognition must be reflected in financial allocation and support for human resource development.
- Clinical research is perhaps among the most expensive among all forms of the research today. Now with recent, decisive enforcement of high standard for human research in the

country including clinical trials in response to concern raised by the civil society, legal system and others. ICMR productivity may suffer unless sufficient funds are provided.

- The Committee recommends that ICMR do more research on disease biology, through interagency programs, and global collaborations.
- The Committee suggests the use of effective communication to address public health with better projection of ICMR research activities.
- The Committee recommends the creation of jobs for absorption of the human resource generated through various research activities, fellowship programmes, masters and post doctorate degree programmes and to utilize the trained man power in human research development while exploring their potential further rather than wasting their talent and expenses involved in their training.
- The Committee suggests that Indian Council of Medical Research frame guidelines for safety measures while setting up of various labs dealing with micro organisms, animal experiments to prevent and contain the escape of viruses etc with disastrous outbreaks of epidemics as happened in HIV from Sub-Saharan Africa, Bird Flu, Swine Flu, etc. Regular infrastructure support may be provided.
- The Committee commends the High Power Committee for carefully addressing various issues taking into account the recommendations of sub-committees, scientific analysis of various components of research, manpower, financial milestones, target oriented approach to deliverable outcome of each activity with its public impact while deliberating upon the need for ongoing research projects to be carried on to the 12th Plan for both intra and extra mural research programmes of Indian Council of Medical Research.

Final View:

- The Appraisal Committee is strongly in favour of implementation of the XII Plan programmes including ongoing activities from XI Plan and future plans of ICMR as recommended by HPC after review.
- It is in the public and national interest to empower ICMR/DHR to emerge as the India's lead agency in human health research and early implementation of programmes envisaged as critical.
- The Committee recommend the acceptance of the recommendations of HPC and early start of planned programmes, sub-schemes of ICMR.

Meeting ended with vote of thanks to the Chair.



(Prof. M K Bhan)



(Dr. T Ramasami)



(Dr. S Ayyappan)



(Prof. A G Ahanger)



(Prof. U C Sarma)